

**Cell Signaling**
TECHNOLOGY™**RECEIVED**
CENTRAL FAX CENTER**JUL 12 2005****DATE:** July 12, 2005This transmission consists of this cover sheet and 9 page(s) to:**FAX NO:** 703-872-9306**ATTENTION OF:** Commissioner for Patents**FROM:** Shari R. M. Hewson
Legal Administrator**FAX NO:** (978) 867-2400**RE:** Change of Correspondence Address**COMMENTS/SPECIAL INSTRUCTIONS:**

Dear Sir or Madam:

If you should have any questions or require any additional information, please do not hesitate to contact me.

Shari R. M. Hewson, Legal Administrator
(978) 867-2366; shewson@cellsignal.com

*** CONFIDENTIALITY NOTE ***

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY AT THE NUMBER LISTED BELOW TO ARRANGE FOR THE RETURN OF THE DOCUMENTS.

THANK YOU.

Rb, C, Jun, ATF-2, MEKK1, Akt, Bad, Bcl2, p70 S6K, PI3K, cMyc, p53, E2F, TrkA, Elk-1, Stat, cMyc, MAPK, cRaf, SAPK/JNK, Bcl-2, Jun, ATF-2, MEKK1, Akt, Bad, Bcl2, p70 S6K, PI3K, cMyc, p53, E2F, Stat, Elk-1, Stat, cMyc

978-867-2366

PTO/SB/122 (04-05)

Approved for use through 07/31/2006. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/535,364
Filing Date	March 24, 2000
First Named Inventor	Tan, Yi
Art Unit	1642
Examiner Name	Karen A. Canella
Attorney Docket Number	CST-138 CIP

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number:

31012

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:



Applicant/Inventor

Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).Attorney or agent of record. Registration Number 43,569Registered practitioner named in the application transmittal letter in an application without an
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

James G. Cullem, Esquire

Date

6/23/05

Telephone

978-867-2311

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.